

**LOCAL AGENCY APPLICATION
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

**KENTUCKY DEPARTMENT OF AGRICULTURE (KDA)
AND
LOCAL AGENCY (LA)**

I. LOCAL AGENCY (LA) INFORMATION

Name and Address of Applicant: _____

Telephone Number: _____ Fax Number: _____

Agency Person-In-Charge: _____ Title: _____

Agency Contact Person For CSFP: _____ Title: _____

E-mail Address: _____

Federal ID Number: _____

Date of Current Tax Status: _____

II. Staff

List the number and types of staff and/or volunteers with your agency who will be involved in the administration of the CSFP program:

Indicate the person(s) with your agency who will insure the Nutrition Education program objectives are met:

List the Certification/Food Distribution sites you plan to serve by county and provide hours and days of operations:

Indicate number of staff/volunteer at each planned certification/food distribution site available for Certification and Food Distribution activities:

Describe the warehouse and /or food storage facility:

Describe Inventory Control System:

Describe the Financial Situation/Financial Management of the Local Agency:

a. Proposed CSFP Operation

Specify proposed food distribution schedule:

Outline proposed timeframe for adding CSFP to ongoing services:

b. Civil Rights Compliance

Describe all civil rights complaints received during the past two years:

Were all substantiated civil rights problems or noncompliance situations corrected? _____

If no explain: _____

Was any person(s) denied access to the Organization/Agency because of the race, color, national origin, age, sex, or handicap? _____

Are there a significant proportion of non-English or limited English Speaking persons residing in the service area? _____ If yes, is there appropriate staff, volunteers or other translation resources available? _____ Describe service below:

Describe the racial/ethnic make-up of the service area:

c. Applicant Signature

If approved CSFP services will be provided in the adherence to the federal regulations and the Policies of the Kentucky Department of Agriculture.

Date: _____ Signature: _____

Authorized Person-In-Charge

Date: _____ Signature: _____

CSFP Contact Person